



ARIZONA STATE RETIREMENT SYSTEM (ASRS)

AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS

EMPLOYER INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2003
www.azasrs.gov

Note: You may only purchase service with a qualified public employer such as a city, county, state, public school, or public university/junior college. You must list employment with only one employer per affidavit and are limited to one purchase at a time. You must be actively contributing to the ASRS or on ASRS Long Term Disability to be eligible to submit a service purchase request.

STEP 1

Complete the affidavit in its entirety using dark ink. Do not use correction fluid or make revisions.

STEP 2

Return the completed affidavit to the ASRS within 90 calendar days of submitting your purchase request. The ASRS will mail you a cost invoice within approximately 15 business days of receiving a properly completed affidavit.

Restrictions

- Nonprofit, private universities/schools and private sector service do not qualify for purchase.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not complete this affidavit if you are attempting to purchase service with a non-ASRS employer. Contact our offices for an *Affidavit of Other Public Service*.
- Do not complete this affidavit if you are attempting to purchase service you previously forfeited from the ASRS. Contact our offices to submit a forfeited service purchase request.

Filling Out The Affidavit

SECTION 1 – Member Information

- Please fill in your personal information.
- List your former public employer's information and a human resources contact person currently working for the employer.

SECTION 2 – Employment Information

- List service by ASRS fiscal years (July 1 – June 30). List each fiscal year on a separate line. Use a 20xx – xx format (ex. 2001-02).
- Place an "x" or "✓" for each month worked. You must have worked at least one day in each month.
- For each fiscal year listed, indicate if you worked 20 or more hours per week for 20 or more weeks. If you mark "yes" **and** the service is not more than 15 years old, complete Section 3. If you mark "no," proceed to Section 4.

SECTION 3 – Contributions Not Withheld (Complete only if you answered "yes" to any fiscal year in Section 2.)

- If you worked 20 or more hours per week for 20 or more weeks during a fiscal year within the last 15 years, your employer may have made an error and possibly should have withheld retirement contributions. Further details are provided in the enclosed Contributions Not Withheld Fact Sheet.
 - Check the box indicating the ASRS should mail you a *Contributions Not Withheld* form. You must bring the form to your employer for completion.

OR

- Check the box indicating you are enclosing a *Contributions Not Withheld* form completed by your employer (or a letter from the employer with the same information the *Contributions Not Withheld* form contains.)

OR

- Check the box indicating you do not have sufficient proof to prove hours and salary.

SECTION 4 – Statements of Understanding, Signature and Notary

- Please carefully read each statement of understanding. This affidavit must be signed and notarized. Your signature confirms understanding.

Contact Us

If you have any questions, please contact an ASRS Member Services representative by e-mail at askmac@azasrs.gov, or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



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ASRS EMPLOYER

PLEASE PRINT
COMPLETE AND SEND
TO: ASRS - Member Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2003
www.azasrs.gov

Please print. Do not use correction fluid or alter this form in any way.

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Other Names Used			
I certify I was employed by the following ASRS employer during the dates listed below and did not contribute to the ASRS.			
Name of Former Employer (Use a separate form for each employer.)		Position Held	
Address of Employer		Human Resources or Personnel Contact Person	
City	State	ZIP	Telephone Number of Contact Person ()

SECTION 2 – Employment Information

Please list each fiscal year on a separate line. List additional years on a separate affidavit.

Fiscal Year (use 20xx-xx format)	Check each month worked.												Did you work 20 or more hours for 20 or more weeks?	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yes	No
Example: 2001-02					X	X	X							X
____-____														
____-____														
____-____														
____-____														
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Please print. Do not use correction fluid or alter this form in any way.

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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SECTION 3 – Contributions Not Withheld Note: Complete this section only if you marked “yes” in Section 2

See the Instructions SECTION 3 to see if this applies.

Please check one of the following:

- ☐ I believe a Contribution Not Withheld (CNW) error occurred during the time listed in Section 2. I am requesting the ASRS mail me a *Verification of Contributions Not Withheld* form that I will bring to the employer for completion.
- Or
- ☐ I am enclosing a *Verification of Contributions Not Withheld* form completed by the employer or a letter from the employer including salary and hours worked per fiscal year.
- Or
- ☐ I do not have sufficient documentation to prove both hours and salary **OR** my request is for time more than 15 years ago. I understand, therefore, that this request will be processed as Other Public Service Non-participatory with an ASRS employer.

SECTION 4 – Statements of Understanding, Signature, and Notary

By my signature below, I certify that I have read and understand the following:

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes Section § 38-793.
- This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of this audit, my total credited service with the ASRS will be adjusted as necessary. Any overpayment(s) will be refunded. I further understand, if an error or misrepresentation is discovered after I retire, any adjustments to my credited service will affect my retirement benefit. In addition, if payment for the purchase was made with pre-tax dollars and is returned to me, there may be tax consequences as a result of this refund.

Signature and Notary

Member Signature	Date
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State of Arizona)

)

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

(seal)

Notary Public